

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-047240

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No.

Primary Registration District No.

Registrar's No.

STATE FILE NUMBER

149
FILED JAN 14 1963

6612

VS 300
Rev. 4/59

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY Jackson		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo. b. COUNTY Jackson	
b. CITY (If outside corporate limits, give TOWNSHIP only) Kansas City		c. CITY OR TOWN Kansas City	
Length of stay in 1b 20 yrs.		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 1634 1/2 E. 18th. St.		d. STREET ADDRESS (If outside, give location) 1905 E. 19th. Str.	
3. NAME OF DECEASED (Type or print) First: JAMES Middle: PERCY Last: THURMAN		4. DATE OF DEATH Month 12 Day 23 Year 62	
5. SEX Male	6. COLOR OR RACE Negro	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input checked="" type="checkbox"/>	8. DATE OF BIRTH 12-26-1916
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Construction		11. BIRTHPLACE (City and state or country) Goodman, Miss.	
10b. KIND OF BUSINESS OR INDUSTRY Laborer		12. CITIZEN OF WHAT COUNTRY U.S.A.	
13a. FATHER'S NAME Levy Thurman		13b. MOTHER'S MAIDEN NAME Emma Mayberry	
14. NAME OF HUSBAND OR WIFE Lizziell Thurman		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No	
16. SOCIAL SECURITY NO. 100-20-2010		17. INFORMANT Address Eva Gertrude Jones 5228 Swopeway, K.C. Mo.	
18. CAUSE OF DEATH (Enter only one cause per line PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Hemorrhagic Shock. DUE TO (b) External Hemorrhage DUE TO (c) Penetrating Stab Wound of Left Skull PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown			INTERVAL BETWEEN ONSET AND DEATH
19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input checked="" type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY 3:55 a.m.	Month, Day, Year 12/23/62		
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) 1618 1/2 E 18th Str.	20f. CITY, TOWN, OR LOCATION Kansas City, Jackson	STATE Mo.
21. I attended the deceased from _____, to _____ and last saw her/him alive on _____. Death occurred at _____ on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE T. Tillman M.D. Deputy Coroner		22b. ADDRESS 1618 E. 18th Str.	22c. DATE SIGNED 12/24/62
23a. BURIAL, CREMATION, REINTERMENT (Specify) Removal	23b. DATE 12-28-62	23c. NAME OF CEMETERY OR CREMATORY -	23d. LOCATION (City, town, or county) (State) Goodman Miss.
24. FUNERAL DIRECTOR Mrs. C. E. Davis Funeral Home		25. DATE RECD. BY LOCAL REG. 12-26-62	26. REGISTRAR'S SIGNATURE Ruth Long

USE BLACK INK
OR
TYPEWRITER RIBBON

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed

Lewis H. Funder

Licensed Embalmer No. 63.60

P. O. Address

K. C. Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.